



CONTRACT AWARD SHEET
Internal Services Department
Procurement Management Services

Bid No. 8109-1/22
Award Sheet

DIVISION

BID NO.: **8109-1/22**

PREVIOUS BID NO.: **EPP8109-4/11-4**

TITLE: **FIRST AID SUPPLIES AND RELATED ITEMS**

CURRENT CONTRACT PERIOD: **08/09/2012** through **08/31/2017**

Total # of OTRs: **1**

MODIFICATION HISTORY

Bid No. 8109-1/22

Award Sheet

DPM Notes

APPLICABLE ORDINANCES

LIVING WAGE: **No**

UAP: **Yes**

IG: **No**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No Local Preference

No Micro Enterprise

Full Federal Funding

No Performance Bond

Small Business Enterprise (SBE)

PTP Funds

Partial Federal Funding

No Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT:

GAROFOLO MARTHA

PHONE: 305 375-4265

FAX:

EMAIL: MARTHAG@MIAMIDADE.GOV

DEPARTMENT OF PROCUREMENT MANAGEMENT
DIVISION

Page 1 of 4

VENDOR NAME: **KENTRON HEALTHCARE INC**
 DBA:
 FEIN: **232618125** SUFFIX : **01** 37172
 STREET: **3604 KELTON JACKSON ROAD** CITY: **SPRINGFIELD** ST: **TN** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **866-385-0573**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
NARI T SADARANGANI	615-384-0573	866-385-0573	615-384-0574	KENTRON@KENTRONMEDICAL.COM

VENDOR NAME: **DISTRICT HEALTHCARE & JANITORIAL SUPPLY**
 DBA: **DISTRICT HEALTHCARE**
 FEIN: **521755328** SUFFIX : **04** 33178
 STREET: **10302 NW S RIVER DR BAY # 24** CITY: **MEDLEY** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
KENNETH HOPKINS -GRAL MGR	305-888-1455	-	305-888-5834	DHCFLA@BELLSOUTH.NET

Details: **8109-1/22**

ITEMS AWARDED Section:

Item # Description

Qty

Unit Price

End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award:

DPM Award: **No**

BCC Date:

DPM Date: **06/14/2012**

Contract Amount: \$ **499,000.00**

Additional Items Allowed:

Agenda Item No.:

Special Conditions:

BPO INFORMATION Section:

1	ABCW1200778																				
<table> <tr> <th>Commodity ID</th><th>Commodity Name</th></tr> <tr> <td>345-32</td><td>FIRST AID CABINETS, KITS, AND REFILLS</td></tr> </table>		Commodity ID	Commodity Name	345-32	FIRST AID CABINETS, KITS, AND REFILLS																
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End of BPO Information Section